

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 1
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Mark B. NICKNAME LAST SUFFIX Richardson Sr.		OFFICE USE ONLY Date Received 2005 JAN 20 A 8:10 RECEIVED CITY OF SAN ANTONIO Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5907 Eckhert Rd, #310, SA, TX 78240		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Mark B. NICKNAME LAST SUFFIX Richardson Jr.		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5907 Eckhert Rd, #310, SA, TX. 78240		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 691-5232		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 04 12 / 31 / 04		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05 / 07 / 05		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Mayor of San Antonio	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

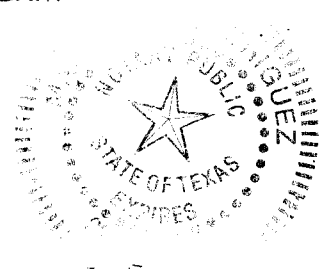
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

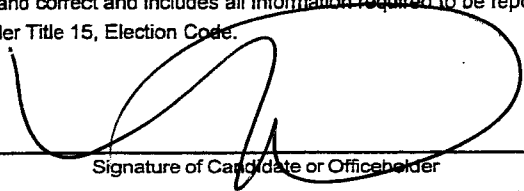
14 C/OH NAME Mark B. Richardson Sr.		15 ACCOUNT # (Ethics Commission files)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<small>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</small>		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY <input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø	
OUTSTANDING LOAN TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ Ø	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ Ø	
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø	

19 AFFIDAVIT




AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MARK B. RICHARDSON, this the 20th day of January, 2005, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

MARY LOU RODRIGUEZ

 Printed name of officer administering oath

NOTARY

 Title of officer administering oath

